

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company
 Product Name: 2008 Regional Business
 TOI: H21 Health - Other
 Sub-TOI: H21.000 Health - Other
 Filing Type: Form

SERFF Tr Num: AENX-125740270	State: ArkansasLH
SERFF Status: Closed	State Tr Num: 39666
Co Tr Num: LAHAR0031701F01	State Status: Approved-Closed
Co Status:	Reviewer(s): Rosalind Minor
Author: SPI AetnaSPI	Disposition Date: 07/24/2008
Date Submitted: 07/18/2008	Disposition Status: Approved-Closed
	Implementation Date:

Implementation Date Requested:
 State Filing Description:

General Information

Project Name: 2008 Regional Business
 Project Number: LAHAR0031701F01
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 07/24/2008
 State Status Changed: 07/24/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 All product application

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Employer

 Deemer Date:

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com
 Manager

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

151 Farmington Avenue	(860) 279-1282 [Phone]
Hartford, CT 06156	(860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$25.00	07/18/2008	21494594

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2008	07/24/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/21/2008	07/21/2008	SPI AetnaSPI	07/23/2008	07/23/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
response letter	Supporting Document	SPI AetnaSPI	07/23/2008	07/23/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Schedule Items:	Note To Reviewer	SPI AetnaSPI	07/23/2008	07/23/2008

GR-23-8 - Employer Application

Comments: Please refer to the last paragraph under the Section "Important Information (Continued) and just before

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

the Signature Section. Is this paragraph
only for California?

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Disposition

Disposition Date: 07/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	response letter	Approved-Closed	Yes
Form	Employer Application	Approved-Closed	Yes

SERFF Tracking Number: AENX-125740270 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 39666
Company Tracking Number: LAHAR0031701F01
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: 2008 Regional Business
Project Name/Number: 2008 Regional Business/LAHAR0031701F01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/21/2008
Submitted Date 07/21/2008

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Employer Application (Form)

Comment: Please refer to the last paragraph under the Section "Important" Information (Continued) and just before the Signature Section. Is this paragraph only for California?

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/23/2008
Submitted Date 07/23/2008

Dear Rosalind Minor,

Comments:

Schedule Items:

GR-23-8 - Employer Application

Comments: Please refer to the last paragraph under the Section "Important" Information (Continued) and just before the Signature Section. Is this paragraph only for California?

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

The variable paragraph is intended for use when the form is used in California. However, the application form does not include health questions and will be used with employer/employee plans that do not include health questions as part of the application or enrollment process. Therefore the California disclosure statement has no applicability in Arkansas.

Response 1

Comments: The following is in response to your objection of 7/21/08

Related Objection 1

Applies To:

- Employer Application (Form)

Comment:

Please refer to the last paragraph under the Section "Important" Information (Continued) and just before the Signature Section. Is this paragraph only for California?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

See objection response

Sincerely,
SPI AetnaSPI

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Note To Reviewer

Created By:

SPI AetnaSPI on 07/23/2008 04:29 PM

Subject:

Schedule Items:

GR-23-8 - Employer Application

Comments: Please refer to the last paragraph under the Section "Important" Information (Continued) and just before the Signature Section. Is this paragraph only for California?

Comments:

see response letter

a

July 23, 2008

John W. Ciesielski

Product and Regulatory Affairs
Law and Regulatory Affairs
151 Farmington Avenue, RW61
Hartford, CT 06156
860-273-9893
Fax Number: (860) 952-2069

Ms. Rosalind Minor
Life, A&H Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Form Filing - GR-23-8
Aetna Life Insurance Company NAIC#: 001-60054 FEIN#: 06-6033492
AENX-125740270

Dear Ms. Minor:

Attached is our response to your objection dated July 21, 2008.

Schedule Items:

Comments: Please refer to the last paragraph under the Section "Important" Information (Continued) and just before the Signature Section. Is this paragraph only for California?

The variable paragraph is intended for use when the form is used in California. However, the application form does not include health questions and will be used with employer/employee plans that do not include health questions as part of the application or enrollment process. Therefore the California disclosure statement has no applicability in Arkansas.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Mr. John Ciesielski
Product and Regulatory Affairs Manager

Phone: 860-279-1282
Fax: 860-952-2069
Email: CiesielskiJW@Aetna.com

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Amendment Letter

Amendment Date:

Submitted Date: 07/23/2008

Comments:

response letter

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: response letter

Comment: response to objection

response letter.PDF

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-23-8	Application/ Employer Application Initial Enrollment Form			0	GR-23-8.PDF



[Employer] Application

Applicant

Policy or Group Number
(for Aetna use only)

[Company] Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Federal Tax ID Number: _____

Parent Company name (if applicable) _____

The purpose of the application is to request:

- a. ☐ issuance of new coverage
- b. ☐ change in existing coverage
- c. ☐ extension of existing coverage to additional groups of [employees]

[Medical Coverage Selection: Provided or administered by [Aetna Life Insurance Company,] [Aetna Health of California Inc.,] [Aetna Health of the Carolinas Inc.,] [Aetna Health of Illinois Inc.,] [Aetna Health Inc.,] and/or [Aetna Health Insurance Company.]

If offering a health plan with a deductible, is the employer, plan sponsor or a third party funding any of the deductible?

☐ Yes*

☐ No

*If yes, how much? _____

For [Employees]	For Dependents	[For Retirees]	Type of Coverage
Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical]
Non-Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[Stand-Alone Dental Coverage Selection: Provided or administered by [Aetna Health Inc.,] [Aetna Dental Inc.,] [Aetna Dental of California Inc.,] and/or [Aetna Life Insurance Company.]

For [Employees]	For Dependents	[For Retirees]	Type of Coverage
Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental Coverage]
Non-Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[[Life] [,] [Disability] [,] [and] [Long Term Care]: Provided or Administered by Aetna Life Insurance Company

For [Employees]	For Dependents	[For Retirees]	Type of Coverage
[Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Term Life Insurance Dependents' Maximum subject to state law]
Non-Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
[Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Term Life Insurance Dependents' Maximum subject to state law]
Non-Contributory <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
[Contributory <input type="checkbox"/>	<input type="checkbox"/>	Not Available	Accidental Death & Personal Loss Coverage]
Non-Contributory <input type="checkbox"/>	<input type="checkbox"/>		
[Contributory <input type="checkbox"/>	<input type="checkbox"/>	Not Available]	Supplemental Accidental Death & Personal Loss Coverage]
Non-Contributory <input type="checkbox"/>	<input type="checkbox"/>		

[Contributory <input type="checkbox"/> Non-Contributory <input type="checkbox"/>	Not Available	[Not Available]	Long Term Disability]
[Contributory <input type="checkbox"/> Non-Contributory <input type="checkbox"/>	Not Available	Not Available	Short Term Disability]
[Contributory <input type="checkbox"/> Non-Contributory <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Long Term Care]
[Contributory <input type="checkbox"/> Non-Contributory <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Other: _____]]

General enrollment and eligibility section

Requested effective date: _____ (Actual effective date will be assigned by Aetna if the application is accepted and a policy issued.)

Applicant will utilize electronic enrollment (check one): ☐ Yes ☐ No

This application includes the following member [employers].

(Any entry in conflict with applicable law cannot be included): Additional sheets may be added if necessary.

Located At _____

Located At _____

Located At _____

All of the regular, [full-time] [active] [employees] of any [employer] mentioned above shall be eligible to participate as to the coverage hereby applied for, except the following (state here, by coverage, the class or classes excluded). If more space is needed, please attach an additional sheet.

Agent(s) of Record: _____
Name: _____ Signature: _____ License #: _____

General Agent
Name: _____ Signature: _____ License #: _____

Applicant Acknowledgements and Agreements

The Applicant agrees that at no time shall any [employee] be permitted or required to contribute for non-contributory coverage; or, unless the change is approved in writing by an authorized representative of Aetna, to make contributions for contributory coverage at a rate higher than the initial contribution rate applicable for the [employee's] then current coverage. [With the exception of Arizona (refer to group applicant paragraph below), it] is agreed that no coverage shall become effective as to any person who is not then a bona fide, [full-time employee, regularly performing the duties of his or her occupation (subject to applicable HIPAA requirements for health coverage),] unless otherwise specifically agreed to by Aetna and provided in the plan documents (which consist of the [Group Policy and/or Group Agreement]). All statements herein shall be deemed representations and not warranties.

The Applicant acknowledges that it has selected the coverage specified herein based upon written information provided by Aetna and that no broker, agent or consultant is authorized to modify the terms of the offer or to agree to changes. All material terms of coverage are set forth in the plan documents. Applicant agrees to make payroll and other records directly related to [employee's] coverage under the [Group Policy and/or Group Agreement] available to Aetna for inspection, at Aetna's expense, at Applicant's office, during regular business hours, upon reasonable advance request. This provision shall survive termination of the [Group Policy and/or Group Agreement].

Applicant has selected, in accordance with applicable state law, the coverage to be offered to Applicant's [employees] and Applicant has solely determined any/all coverage options for the Applicant's [employees] and the contribution amounts.

The plan documents will determine the contractual provisions, including procedures, exclusions and limitations relating to the coverage and will govern in the event they conflict with any benefits comparison, summary or other description of the coverage. [(Does not apply to Applicants in Illinois, Kansas and Missouri)]. **[Oklahoma Group Applicants:** Any direct conflict between this form and the plan documents will be resolved according to the terms which are most favorable to the member and are in compliance with Oklahoma law.] See below for applicable provisions.

Applicant Acknowledgements and Agreements (Continued)

With the exception of Aetna Rx Home Delivery, all participating providers and vendors are independent contractors and are neither agents nor [employees] of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Aetna does not provide health or dental care services and, therefore, cannot guarantee any results or outcome. Some benefits are subject to limitations or maximums.

[In accordance with current IRS regulations and the 1986 Tax Reform Act, a life insurance position schedule may be deemed discriminatory and result in imputed income tax to certain [employees] and possibly an excise tax to [employers]. [Employers] should consult with legal counsel prior to electing a position schedule. Aetna disclaims any responsibility if the [employer] elects such a position schedule and it is later deemed discriminatory.]

Applicant agrees to deliver or otherwise make available to enrollees all Aetna paper or on-line member documents and other plan related materials upon request by Aetna.

All data that may have a bearing on coverage or premiums will be open for Aetna to inspect while the [Group Agreement and/or Group Policy] is in force. The availability of a plan or program may vary by geographic service area.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

[ARIZONA GROUP APPLICANTS: Eligibility requirements for active employees will be determined by the employer as stated in the Terms and Charges of the proposal. The information, as well as other personal and privileged information, subsequently collected by the insurance institution or agent may, in certain circumstances, be disclosed to third parties without authorization. A right of access and correction exists with respect to all personal information collected. Further disclosures required by Arizona law will be furnished to the policyholder upon request. Personal information may be collected from persons other than the individual or individuals proposed for coverage.]

[KANSAS, ILLINOIS & MISSOURI GROUP APPLICANTS: The [Group Agreement and/or Group Policy] will determine the contractual provisions, including procedures, exclusions and limitations relating to the plan and will govern in the event they conflict with any benefits comparison, summary or other description of the form. Any direct conflict between this form and the [Group Agreement and/or Group Policy] will be resolved according to the terms which are most favorable to the member.]

Important Information

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

[ARIZONA HMO APPLICANTS: I understand that if it is determined that I have committed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact, my company's group health coverage may be terminated or my company may be charged a different premium for this coverage.]

[COLORADO GROUP APPLICANTS: Please see the Colorado Disclosures attachment.]

[CALIFORNIA, OHIO & PENNSYLVANIA CONTRACT SITUS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[MAINE & TENNESSEE CONTRACT SITUS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.]

[OHIO HMO APPLICANTS: Any Group may cancel a signed agreement within seventy-two hours after having signed the agreement to enroll under this plan. Cancellation occurs when written notice of the cancellation is given to the HMO or its agents or other representatives. A notice of cancellation mailed to the HMO shall be considered to have been filed on its postmark date.]

[KENTUCKY CONTRACT SITUS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.]

Important Information (Continued)

[CALIFORNIA NOTICE: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

CALIFORNIA HMO APPLICANTS: Any dispute arising from or related to the Group Agreement will be determined by submission to binding arbitration, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The agreement to arbitrate includes, but is not limited to, disputes involving alleged professional liability or medical malpractice, that is, whether any medical services covered by the Group Agreement were unnecessary or were unauthorized or were improperly, negligently or incompetently rendered. This agreement also limits certain remedies and may limit the award of punitive damages. See Sections "Binding Arbitration" and "Limitations on Remedies" of the Evidence of Coverage for further information.

The undersigned representative of the [Employer] understands that the [Employer] and any Groups eligible through the [Employer], if different from the [Employer], and any [Members] who enroll under this health plan are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration. This means that the [Employer], Groups, [Members] and other interested parties will not be able to try their case in court. The undersigned representative of the [Employer] further understands and accepts that the [Employer], Groups and [Members] are giving up certain remedies and that there may be certain limitations to the recovery of punitive damages.]

Signature Section

I hereby apply for the coverage(s) indicated above. *I certify that all information provided in this application is accurate and complete. *[NEW HAMPSHIRE APPLICANTS, I represent that all information provided in this application is accurate and complete.] I understand that this application will form a part of the [Group Agreement and/or Group Policy] issued by Aetna and by my signature below I agree to be bound by the terms and conditions of that [Group Agreement and/or Group Policy.] I understand that Aetna may choose not to accept this application at its sole discretion, subject to any state requirements.

Signed at (location):

City, State

Applicant (Company Name)

By:

Authorized Applicant Signature

Official Title

Witness

Date

Your premium purchases insurance coverage from Aetna, as well as the services of any Aetna-appointed licensed independent agent or broker identified in the Application For [Group] Coverage. Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's programs for compensating producers is also available at www.aetna.com.
We appreciate your business and the opportunity to serve you.

Please keep a copy of this application for your records. If the application is accepted by Aetna it becomes part of the issued [Group Agreement and/or Group Policy.]

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125740270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39666</i>
<i>Company Tracking Number:</i>	<i>LAHAR0031701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/LAHAR0031701F01</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	07/24/2008
Comments:				
Attachments:				
	AR - READABILITY CERTIFICATION.PDF			
	AR - NAIC TRANSMITTAL DOC.PDF			
	AR - NAIC FORM FILING ATTACHMENT.PDF			
Bypassed -Name:	Application	Review Status:	Approved-Closed	07/24/2008
Bypass Reason:	not applicable			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	07/24/2008
Bypass Reason:	not applicable			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	07/24/2008
Bypass Reason:	not applicable			
Comments:				
Satisfied -Name:	response letter	Review Status:	Approved-Closed	07/24/2008
Comments:	response to objection			
Attachment:	response letter.PDF			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-23-8	0

Signed: _____

Name: _____

Title: _____

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval	<input type="checkbox"/> File & Use	<input type="checkbox"/> Informational
		<input type="checkbox"/> Combination (please explain): _____		
		<input type="checkbox"/> Other (please explain): _____		

6.	Company Tracking Number	LAHAR0031701F01
-----------	--------------------------------	-----------------

7.	<input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
-----------	---	---------------------------------------	-----------------------

8.	Market	<input type="checkbox"/> Individual	<input type="checkbox"/> Franchise
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	H21 Health - Other
-----------	--------------------------	--------------------

10.	Product Coding Matrix Filing Code	H21.000 Health - Other
------------	--	------------------------

11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
		<input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____
		<u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	All product application	

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .		
Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u>		
Signature _____ Date _____		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		LAHAR0031701F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Employer Application	GR-23-8	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

a

July 23, 2008

John W. Ciesielski

Product and Regulatory Affairs
Law and Regulatory Affairs
151 Farmington Avenue, RW61
Hartford, CT 06156
860-273-9893
Fax Number: (860) 952-2069

Ms. Rosalind Minor
Life, A&H Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Form Filing - GR-23-8
Aetna Life Insurance Company NAIC#: 001-60054 FEIN#: 06-6033492
AENX-125740270

Dear Ms. Minor:

Attached is our response to your objection dated July 21, 2008.

Schedule Items:

Comments: Please refer to the last paragraph under the Section "Important" Information (Continued) and just before the Signature Section. Is this paragraph only for California?

The variable paragraph is intended for use when the form is used in California. However, the application form does not include health questions and will be used with employer/employee plans that do not include health questions as part of the application or enrollment process. Therefore the California disclosure statement has no applicability in Arkansas.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Mr. John Ciesielski
Product and Regulatory Affairs Manager

Phone: 860-279-1282
Fax: 860-952-2069
Email: CiesielskiJW@Aetna.com

